

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 05/21/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/25/2006						
		FINANCIAL PAYER: NCMMH						
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOPS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8599	147	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	86	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	268	358	90
		8800	18	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404904	WESTERN HIGHLAN DS LME	8505	6658	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	213	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	7002	8187	1185
		11	103	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404910	PATHWAYS	8505	372	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		7702	57	IPRS DOES NOT ACCEPT ONE OR MO RE OF THE BILLED MODIFIERS PLEASE CORRECT THE MODIFIER IN	2	566	1280	714
		8800	41	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	1848	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	91	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2025	2677	652
		8536	33	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404913	MECKLENBURG COM ENTAL HEALT	11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	2	2	0
3404916	CROSSROADS BEHA VIORAL HEAL	79	29	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8000	24	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	93	5168	5075
		120	23	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404917	CENTERPOINT HUM AN SERVICES	8505	1029	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	770	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	110	3460	6128	2668
		8537	333	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	8505	6519	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	603	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	5	7224	7643	419
		21	31	DUPLICATE OF CLAIM-SYSTEM				

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3404920	ALAMANCE CASWEL L AREA MH D	8599	1152	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	168	DUPLICATE OF CLAIM-SYSTEM	86	1757	5045	3288
		79	76	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404921	ORANGE PERSON C HATHAM AREA	8505	2567	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	109	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	2921	3228	307
		8599	103	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8505	10801	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	286	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	11100	11106	6
		21	9	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	8599	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	11	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	131	1833	1702
		79	9	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	2063	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	538	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	154	3996	7948	3952
		8599	284	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	264	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	88	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	522	4580	4058
		8533	67	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				
3404927	CUMBERLAND CO M HC	8505	687	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	87	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	968	2009	1041
		11	69	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	203	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	6	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	209	215	6

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3404931	WAKE CO HUM SVC BILLING OF	8505	318	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	231	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	654	662	8
		8800	48	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404933	SOUTHEASTERN CT R FOR MH/DD	21	28	DUPLICATE OF CLAIM-SYSTEM				
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	110	1213	1103
		11	26	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONSIOW CARTERET BEHAV HEAL	11	2449	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	720	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	3739	4532	793
		8800	353	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	65	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		191	15	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	7	99	784	685
		79	6	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404937	EDGEcombe NASH MNTL HLTH C	21	68	DUPLICATE OF CLAIM-SYSTEM				
		8505	3	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	82	1196	1114
		537	3	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8505	47	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	28	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	89	510	421
		7003	9	EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S)				
3404941	PITT CO MH/DD/S AS CENTER	8535	1622	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		21	1526	DUPLICATE OF CLAIM-SYSTEM	0	4474	5905	1431
		8599	656	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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		8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	6	44	448	404
		21	4	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	188	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	166	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	43	585	1565	980
		8800	66	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404944	EASTPOINTE HUMA N SERVICES	21	1895	DUPLICATE OF CLAIM-SYSTEM				
		8599	1559	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	118	7159	13992	6833
		79	1483	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	8505	11636	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		79	3505	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	89	19907	24157	4250
		21	2199	DUPLICATE OF CLAIM-SYSTEM				
3404957	TIDELAND MENTAL HEALTH CTR	8505	2042	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	215	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	8	2337	2348	11
		537	38	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	5040	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	215	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	1	377	376
		8800	106	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				